# NEW ENGLAND REGIONAL ELDER NUTRITION PROGRAM CONFERENCE APRIL, 8, 2005

On behalf of the New England Regional Conference, the following is the text that was read from the six New England State Nutrition Programs as the WHCOA event held on April, 8, 2005 in Portsmouth, NH.

There were 122 participants who attended the conference. About 40% were over the age of 60 years. Bob Blancato was the luncheon speaker with AOA reauthorization and the WHCOA as the main topics. The six New England State representatives talked about what each State came up with their need for the future growth of Elder Nutrition Program.

We do hope that these priorities will be given a strong consideration during the WHCOA conference.

### Connecticut

Caregivers Support Program should include meals as part of the program and not just as respite

Maintain priority for congregate meals program to address meals and socialization. Strengthen access to the congregate programs through supporting adequate transportation

## **New Hampshire**

Maintain integrity of OAA as no means testing, non medical model, broad and encompassing program. Include wellness theme and have diversified programs such as fall prevention.

Develop complexity of programs to better serve the upcoming population from young seniors to old and frail seniors, recognize disabled population, have good pertinent nutrition education and information, and continue expansion toward caregiver and community care for members of this population.

Elevation, funding, and recognition of home and community based care on par with institutional care such as need for adequate funding to meet basic care of various population to match changing demographics, recognize, value, maintain and build upon the OAA.

Do not allow elders to become gatekeepers to Medicaid system. The idea of 'one stop shopping, consolidation, coordination' will be useful

### Massachusetts

The Nutrition Programs under OAA should be recognized and renewed to best meet the nutritional needs of the aged

Expanding funding for Federal and State nutrition services for home and community based programs such as OAA Nutrition Programs, Medicaid waiver, Family care support programs

Require full range review/evaluation by Institute of Medicine toward ascertaining effectiveness of OAA Nutrition programs in successful health outcomes

Support for applied research on Nutrition and Wellness research center, forge partnership between public health and aging service sectors, merge the purposes of health promotion/disease prevention and nutrition programs within Title III of OAA

#### Maine

Lack of transportation in rural States is a major concern. Without the opportunity and availability of transportation to Nutrition Programs leaves many seniors without adequate nutrition and socialization.

Costs continue to rise without adequate increase in funding support for nutrition programs. Funding is needed to provide nutrition services for people with special needs. Need funding support to keep rural home delivery within reasonable length of time.

### **Rhode Island**

Budget increases for Senior transportation. This affects participation and a meal site had to be closed due to lack of funds.

Need LTC reform. 'Choices Coalition' in RI was formed to help older adults stay at home longer. Need to increase reimbursement for Home care and adult care services and funds for respite care to continue with the Coalition.

Need to increase funds to meet demands for increased meals for ethnic older adult population in the State.

Increase in funds for Meals on Wheels through Federal and State funding.

#### Vermont

Raising public awareness throughout the State including corporate givers and policy makers.

Transportation to meal sites and for hot meals delivery. Reduced # of volunteers because of high gas price, seniors working longer hours, women in work force, makes a public delivery system necessary.

Changing image of Senior Nutrition programs for the new 60 year olds.

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